

DOCUMENT MEDICAL CARE: U.S. FIELD MEDICAL CARD (FMC)

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: V**REFERENCES:** STP 8-68W13-SM-TG, Task: 081-831-0033, Initiate a Field Medical Card; FM 8-10-6.**1. Soldier** (*Last Name, First Name, MI*)**2. Date** (YYYYMMDD)

CONDITIONS: Given a casualty who has been provided medical treatment and requires medical evacuation from the field. You are not in a CBRN environment.
The U.S. Field Medical Card as a record of events, may prevent accidental medication overdose, alert the receiving medical facility to any special patient care needed for treatment and provides an accurate record of care already provided.

STANDARDS: Perform all measures IAW FM 8-10-6. You must score at least 70% (*6 of 8 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter SPC Joe J. Hartz, 123-45-6789, an alert 24 year old male relating a chief complaint of external bleeding from a gunshot wound to the right thigh. He says that he is in the Infantry, MOS 11B, with no religious preference, and was in a firefight. When the firefight was over he noticed his leg was bleeding. His airway is open; his respirations are 16 and strong. He has a radial pulse of 90, and his blood pressure is 120 over 80. You have applied a field dressing to the wound to control the bleeding; no medication was given. Using the U.S. Field Medical Card, record the appropriate information.

3. Evaluator's Comments and After-Test Recommendations:

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**DOCUMENT MEDICAL CARE: U.S. FIELD MEDICAL CARD (FMC)
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. Removed protective sheet from the carbon copy of the FMC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. * Completed Block 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. * Completed Block 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. * Completed Block 4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. * Completed Block 7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. * Completed Block 9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. * Completed Block 11. <i>EVALUATOR: Only completion of the minimum blocks 1, 3, 4, 7, 9, and 11 is evaluated.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. * Attached FMC to the top button hole of the casualty's uniform. <i>EVALUATOR: Attaching of the FMC to the casualty will only be verbalized by the Soldier Medic.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Critical Elements

**DOCUMENT MEDICAL CARE: U.S. FIELD MEDICAL CARD (FMC)
GRADING SHEET (cont'd)**

5. Demonstrated Proficiency

Yes

☐

No

☐

6. Start Time

7. Stop Time

8. Initial Evaluator

9. Start Time

10. Stop Time

11. Retest Evaluator

12. Start Time

13. Stop Time

14. Final Evaluator

15. Remarks

**DOCUMENT MEDICAL CARE: U.S. FIELD MEDICAL CARD (FMC)
EVALUATOR GUIDELINES AND INSTRUCTIONS**

EVALUATOR GUIDELINES AND INSTRUCTIONS:

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, Field Medical Card.

Additional Scoring Guidelines:

Completed Block 1. Recorded the casualty's name, rank, SSN, date, and time. Entered Military Service Number (*Foreign Military personnel/EPW*). Entered MOS or AOC for specialty code. Entered religion. Checked appropriate box for gender.

Completed Block 3. Used the figures in the block to show the location(s) of the injury or injuries. Checked the appropriate box(es) to describe the casualty's injury or injuries. Used only approved abbreviations:

Abr W (*abraded wound*)
Cont W (*contused wound*)
FC (*fracture, compound/open*)
FCC (*fracture, compound/open, comminuted*)
FS (*fracture, simple/closed*)
LW (*lacerated wound*)
MW (*multiple wounds*)
Pen W (*penetrating wound*)
Perf W (*perforating wound*)
SL (*slight*)
SV (*severe*)

Completed Block 4. Checked appropriate block.

Completed Block 7. Checked the "Yes" or "No" box. Wrote in the dose administered and the date and time it was administered.

Completed Block 9. Wrote in the information requested. If additional space was needed, block 14 was used.

Completed Block 11. Soldier Medic initialed the far right of the block.